



# Incident Report

**Print Date/Time:** 09/26/2016 11:08  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00018439

**Incident Date/Time:** 9/17/2016 3:39:00 PM  
**Location:** 10500 BLK 20TH ST SE  
LAKE STEVENS WA 98258  
**Phone Number:** (323) 982-5475  
**Report Required:** Yes  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D2	SS0112-Warbis
19D4	SS0142-Bassett
19R1	SS0144-Michael

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	ROBB, ARMANDO JOSEPH	7600 34TH PL NE Marysville WA 982707032			Male	07/02/1997
1	Involved Party	SALIFU, COLLINS	2230 113TH DR A Lake Stevens WA 982585122			Male	05/07/1997
1	Driver	STRELAU, CHERYL RUTH	2323 108TH AVE SE LAKE STEVENS WA 98258	(206) 240-7507		Female	06/25/1948

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2001	Audi	A44D		APR5135	WA
Involved Vehicle	Passenger Car	2007	Jeep (1989-pres)	COMP4D		2761812A	WA

## Disposition(s)

Disposition	Count
R	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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**09/17/2016 : 15:42:31 SP0200 Narrative: RO COULDNT CONF ADDRESS, SAID TOM THUMB IN LKS STEVENS, AND THEY ARE PULLED OFF TO THE SIDE OF THE ROAD**

**09/17/2016 : 15:41:44 SP0200 Narrative: CC, 2 CAR, NON INJ, NON BLOCKING, SILVER AUDI VS. BRO JEEP, LR/200**

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E585984**CASE # **2016-18439**LOCAL AGENCY  
CODINGTOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **09** - **17** - **2016** **1540** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**20TH ST SE**BLOCK NO. ☒  
MILE POST**10500**

DISTANCE

OF (REFERENCE OR CROSS STREET)

**300** **00** MILES ☐ N ☐ E ☒ S ☐ W **S LAKE STEVENS RD**

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME

**SALIFU**

FIRST NAME

**COLLINS**MIDDLE  
INITIALSTREET  
NEW ADDRESS**2230 113TH DR SE UNIT A**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**982585122**

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S  
LICENSE #**SALIFC\*030KG**

STATE

**WA**

SEX

**M**D.O.B.  
MMDDYYYY**05****07****1997**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USEINJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**2761812A**

STATE

**WA**

VIN#

**1J8FT47W87D123947**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2007**MAKE **JEEP**MODEL **COMP4**STYLE **SV**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **COLLINS SALIFU 2032 113TH DR SE LAKE STEVENS WA 98258**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **STATE FARM 3876288F2347F**VEHICLE  
LEGALLY  
STANDING ☐ YES ☐ NO

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA



UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

**D: 2062407507**

LAST NAME

**STRELAU**

FIRST NAME

**CHERYL**MIDDLE  
INITIAL**R**STREET  
NEW ADDRESS ☒**2323 108TH AVE SE**

CITY

**LAKE STEVENS**

ST

**WA**

ZIP

**98258**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #**STRELCR521L5**

STATE

**WA**

SEX

**F**D.O.B.  
MMDDYYYY**06****25****1948**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USEINJURY  
CLASS**1**

NATURE OF INJURIES

LICENSE  
PLATE #**APR5135**

STATE

**WA**

VIN#

**WAUDH68D61A128854**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2001**MAKE **AUDI**MODEL **A44D**

STYLE

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

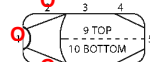
GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **CHERYL STRELAU 12015 MARINE DR TULALIP WA 98271**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **THE GENERAL INSURANCE 34078993**VEHICLE  
LEGALLY  
STANDING ☐ YES ☐ NO

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)

**A. MICHAEL #0144**

BADGE OR ID #

**0144**

AGENCY

**WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E585984**CASE # **2016-18439**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>ROBB ARMANDO J</b>																		
ADDRESS & PHONE # <b>7600 34TH PL NE MARYSVILLE WA 982707032</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>07</b>	-	<b>02</b>	-	<b>1997</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>COLE BROOKE L</b>																		
ADDRESS & PHONE #														SEX <b>F</b>	D.O.B. MMDDYYYY <b>12</b>	-	<b>07</b>	-	<b>1999</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>7</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE		INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

V1 was merging onto 20th St SE from a parking lot on the north side of the road. Driver of V1 was learning how to drive a manual car and slowed to look for traffic. He stated his view was obstructed by vehicle parked on the north side of 20th St SE and he did not see anyone coming. He began to enter the roadway and saw V2 approaching quickly. He tried to stop but his vehicle stopped and he rolled into the lane.

Driver of V2 was west bound on 20th St SE when V1 rolled out in front of her and she did not have time to stop.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>A. MICHAEL #0144</b>		<b>09-18-16 10:44 PM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY <b>C. CHRISTENSEN 0075</b>		PLACE SIGNED <b>9/19/2016 10:24:35 AM</b>	
BADGE OR ID #	<b>0144</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>3:41 PM</b>		<b>3:45 PM</b>	

REPORT NO. E585984

CASE # 2016-18439

DATE AND TIME  
OF COLLISION 09/17/16 15:40

